



**Analysis of the creation of 'emptiness', of 'nothingness', in certain types of psychosis** ▶

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Some psychotic patients manage to create nothingness and emptiness thanks to the amount of work their ego accomplishes. That is the paradox we find in schizophrenic patients, their ego is simultaneously weak and powerful. When we analyse how this nothingness/emptiness is created, we enter into a strange world in which the patient's ego is, in part, defective and fragmented; his or her thinking apparatus, capacity for perceiving and feeling are under attack. Yet this same ego can call on intellectual ability, imagination and tremendous energy in order to create a highly complex structure, thanks to which the psychotic individual manages to create a kind of para-organization of space by splitting 'nothingness' (the space between representations) and 'density' (a compact magma made up of many different highly-condensed representations). Both nothingness and density may give the impression that the patient is 'nowhere to be found' and therefore impossible to analyse. In this paper, I shall describe these mechanisms as they appear in the clinical material of a female psychotic patient.

In order to introduce the theme of this paper on psychosis, I cannot resist the temptation to quote an extract from a children's song that I heard on Finnish radio (**Virtanen, 1970**). It is a good illustration of one aspect that I shall discuss in this article.

I am non-existent Oscar	[In Finnish:] Olen Oskari olematon
I live in 0 Street,	asun kadulla 0 (nolla)
at Number 0.	numerossa 0 (nolla)
If you can't find me,	jos ette löydä
Just let it go.	antakaa olla.

"If you can't find me", says Oscar, "just let it go"—that is how the song ends. I would tend to say that, in the end, we often just let analyses of schizophrenic patients go because we feel that we cannot 'find' them, so that they are impossible to analyse. "I am non-existent Oscar." All sorts of therapies other than psychoanalysis have therefore been devised in order to try to make Oscar exist (i.e. the schizophrenic patient): supportive therapies, holding, mothering, reassurance, medication, etc.—all this in an attempt to make the patient exist ('a weak ego' was

how we used to put it). So many zeros! 0 Street, Number 0. So much is missing and will have to be filled in to make that person exist; so many therapies are being built up in order to give Oscar's street a name and his house a number! If we manage to reach number 2, perhaps we could have a dialogue; but we prefer number 3, of course—if only he could reach the triangular dimension!

The zero may perhaps represent the world of narcissistic regression with respect to psychosis that **Freud (1914c)** wrote about in the early part of his work. Oscar may in part have gone back to a stage in libidinal development that precedes the choice of an object; he does not want to be found because he needs nobody in his phantasy of omnipotence symbolized by those zeros: '0', a structure that is closed in on itself, completeness. Zero is also a hole, like the letter 'O' ('Oscar' begins with that letter). Could this indicate regression into the maternal hole/womb? Or is it a hole experienced as emptiness, absence? Here then is our first paradox: zero is equivalent to nothingness, to non-existence—yet at the same time it is everything, completeness.

The situation is not quite as simple as that. In his song, Oscar is talking to us; he is therefore not entirely narcissistic—he can even imagine that somebody is looking for him, trying to find him. But he tries to deter us. We can see that in one part of himself, he is still in contact with us. **Freud (1940a[1938])** pointed out that, in every psychotic patient, there lies hidden a normal person who remains in contact with reality (p. 79).

When the children I was with that day heard the song, they laughed: they felt that Oscar had played a wonderful trick. Oscar is having fun, he seems to be taking pleasure in what is going on, he is playing hide and seek. "Hello! I'm here, I'm talking about myself, but I'm non-existent, I live in holes, you'll never find me." Perhaps he has set up a very clever trick to make us believe that he lives at Number 0, 0 Street, and that, even though he is talking to us, he is non-existent. If we try to fill in those holes, perhaps we are just falling for the trick; he is making us believe that there really is something missing, whereas in fact that may simply be the product of how he worked out his trick—and that may be what we should be trying to understand. With respect to his structural theory, Freud would perhaps say that that trick is a defensive manoeuvre that bears witness to the work done by Oscar's ego in de-cathecting external and internal reality experienced as unbearable (and thus it becomes 'zero'). Kleinian analysts would say that Oscar had attacked and destroyed not only that reality but also his own ego (the zero is thus the non-existence of his internal world).

Can such a dramatic event hide a certain degree of pleasure? These comments on that children's song can be seen as an introduction to what I would now like to explore in terms of the over-determination of the meanings of 'nothingness'. I shall discuss how I approach these feelings of non-existence with reference to the psychoanalysis of a psychotic patient, and describe how I gradually came to understand her creation of 'nothingness'.

## The analysis of a psychotic patient

### The patient

One day, a woman phoned me asking for an appointment; she wanted analysis. When she came into my consulting-room, I was struck by the strange feeling I had at this first contact. She was quite young, with a very pale complexion, and she wore beige-coloured clothes that were too big for her—they looked shapeless, as though floating around her, so that her whole body was hidden. My impression was of something foggy or ghostlike.

It was difficult for her to say anything—I had to ask a lot of questions. I asked her why she wanted to have analysis. This, in summary, was her reply: “I’d like to be able to feel something, because I don’t feel anything at all. I don’t have any feelings, any emotions, neither joy nor sadness, I am never satisfied, never depressed, never anxious, never angry. Even physically I feel nothing—neither hot nor cold, and anything that I eat has no taste to it.”

I asked her if she could tell me anything about her childhood. She replied that she had no memory whatsoever of her childhood. All she could say was that her parents had taken good care of her; she had never had any problems with them or with her sister, two years older than she.

Did she dream? No, she never had any dreams.

She got along in life by working in an institution in return for board and lodging. She didn’t have to do any thinking, just obey orders. Nothing interested her, she had no friends, she never went around with anybody. When her work was over for the day, she would go to her room, sit on a chair and stare at the wall for hours on end.

Faced with this picture of emptiness—reduced to almost nothing—I felt that attempting psychoanalysis with this patient would be very interesting indeed. Why? I have had several autistic children in analysis, some of whom did not speak at all. In the course of their treatments, I gradually came to understand just how much these children communicate through their body language. In spite of all the difficulties, seeing how these children managed to open up and develop in the course of their analysis, to begin to talk and to play, made me feel really very happy. That was why I felt so interested by the idea of doing something with the ‘nothingness’ of an adult psychotic patient who would be able to talk and whose personality had developed at least in some respects.

We therefore decided to begin analysis. She accepted the classical setting (she lay on the couch and I sat behind her), with four sessions per week. Since she was earning very little money—just enough to live on, in fact—she told me that she had contacted her father, who was a company director, and that he had agreed to finance the analysis.

I was astonished when she told me that she would come by car to her sessions. From time to time she seemed to be so out of contact—she would bump against the furniture when she came into the room, as though she just did not notice it. I wondered how she managed to drive a car in the midst of heavy traffic.

The patient was 25 years old at the time, and the analysis lasted for five and a half years.

I shall now describe some typical phases of that analysis, at different times, in order to illustrate some of the fundamental mechanisms that I would like to explore in this paper.

### **The beginning of the analysis**

During the first six months of the analysis, the patient would speak only in short sentences and then fall silent. In the first few weeks, for example, she would say: “I don't exist, I have no thoughts, I have no body” or “I don't exist, you are everything”.

I pointed out that she was denying quite remarkably the existence of her body—after all, she used it to drive her car to come to the sessions. Perhaps she was afraid to know that she had a body—and afraid that I would know it too; for example, I noticed that, when she came into the room one day, she did not cross any open space, she hugged the walls, shrinking as she did so as if she wanted to disappear into them. Perhaps she thought that she had made her body disappear from my sight by entering inside the walls or inside me, thus becoming like a foetus inside the mother. Consequently, she had no need to talk, no need to exist by herself: Mummy or I would exist for the two of us. Maybe that was why she thought that I had become ‘everything’ (I had the feeling that I had to function for both of us).

A few weeks later, her attitude changed; she came to her session with a look of triumph on her face. When she entered the room, I felt that she was trying to swallow me with her eyes; I remembered that, in our initial discussion, part of me had wanted to run away from her because I had felt she was imprisoning me by the way she looked at me. In a jubilant tone of voice, she said: “You don't exist, I am everything.” I interpreted that maybe she felt that she had swallowed me with her eyes; thus she could feel she had become ‘everything’ (i.e. herself plus me), as though she were a mother pregnant with me. I pointed out that, at the same time, one part of her knew that I was still a person outside of her because she was talking to me.

I had the impression that she could not bear seeing me outside of her. As soon as she caught sight of me, she tried to dissolve into me or to absorb me inside her. While lying on the couch, from time to time she would kick out her legs, as though she felt locked up in a prison, my ‘body-prison’. I interpreted that, by kicking out like that, she perhaps wanted to knock down the ‘prison walls’ of my body; forgetting that she herself had built that prison when she came inside me, she thought that I was imprisoning her. From time to time too, she would pull her hair over her face, thus shutting herself off again.

In the first months of the analysis, with the exception of the few words that she actually did say, she communicated mainly through body language: her attitude, the way she looked at me, the way she played with her hair or with her fingers, the way she walked into the room, as though trying to merge into the walls, bumping into the furniture from time to time, the way she lay on the couch, the monotonous tone of voice in which she did say a

few words, and everything that she made me feel inside myself. That kind of communication made me think of my experience with the autistic children whom I mentioned earlier. I shall not go into any more detail on that point in this paper.

### **The seesaw effect**

After a few months, I began to feel that this analysis was getting more and more difficult, because in spite of some very slight changes in her behaviour, the only verbal response through her associations to my interpretations amounted simply to a seesaw movement. Let me explain what I mean by seesaw movement. If she said in the session: “You're everything and I'm nothing”, after I suggested an interpretation, she would respond with: “You're nothing and I'm everything.”

Since I felt that we were coming to a dead-end, I began to examine my countertransference more carefully. It was then that I realized that she was making me experience the same ‘no man's land’ that she herself felt. In other words, she was putting me into a world in which there were no differentiated structures, no diversity, a kind of situation with no limits (everything and nothing). As I gradually became aware of the anxiety that I felt at this absence of limits, I realized that in order to break free of it I had to some extent enacted the situation when, in my interpretations, I referred to a human feature: one person inside the other, like the foetus in the mother's womb. It was as though I had wanted to put the patient back into a state of ‘humanity’, in the hope of helping her emerge from that no-limits situation.

Once I had more fully understood my to some extent defensive reaction—I say ‘to some extent’, because I could still feel that she was always trying to merge with me—I began to analyse the kind of contact that she set up from a different perspective.

I tried to show her that she was attempting to create a ‘no man's land’ with me in order continually to destroy any existing human structure or relationship and to transform our relationship into something abstract, omnipotent and devitalized; she was trying to bring our relationship down to this ‘all or nothing’ scenario, suppressing any kind of difference (of generation, of character, etc.) in order to set up a mirror relationship in which each of us would always resemble the other. But why did she make these transformations? At that point in the analysis, I was unable to answer the question.

I therefore continued in that sense to analyse gradually the whole complexity of this hidden internal process, i.e. all the work of transformation that her ego was accomplishing.

I also emphasized her destructiveness. When she went on telling me: “I'm everything, you're nothing”, I could gradually feel myself getting angry at being reduced to nothing in this analysis, just like that. I could even feel that she was gradually making me into almost nothing—I felt paralysed, I had no ideas, no feelings when I was with her. Whenever I analysed her aggressiveness, she would flip over just like a seesaw and say: “You're everything, I'm nothing.” I would then show her how she was punishing herself

by turning herself into ‘nothing’ so as to assuage her guilt feelings; at the same time, it was a magical way of giving everything back to me—even her life (because I was ‘everything’)—in order to appease me, who represented for her the enemy.

With the ‘seesaw’ approach that the patient adopted—with her being ‘everything’ and me ‘nothing’, then the exact opposite—I realized that there was another complex feature to this fusional contact: when she attempted to absorb me or get inside me, there was no longer any space between us. She thus created this merging together that was symbolized by what she called ‘everything’. Yet at the same time, through her seesawing, I could experience the fact that there was nothing but an enormous open gap between us, because as soon as she felt that I had ‘found’ her by some interpretation or other, she would immediately go into the other fusion process, as though to run away from me, thereby creating an enormous space between us symbolized by what she called ‘nothing’. Space therefore is not missing from fusional relationships, as is often thought to be the case: through her hidden internal work, the patient had managed to split off space from the existing fusion.

I realized that I would need time and space in which to undo the merging together of her material. Let me explain.

*Time:* It was often after a session was over that I could begin to think about it because during the session itself I was too overwhelmed (my massive countertransference was often an obstacle to thinking).

*Space:* I tried to extricate from this massive intermixture what seemed to me to be the dominant theme of the moment, in other words to space it out from the rest in order to shed some light on what it might signify. I then realized—and made an interpretation along these lines—that I had to do the opposite kind of work from what she had done. That helped me to understand better the meaning of what she was doing: by merging everything together (all meanings, objects, wishes and phantasies were merged together inside her in a way that replicated the fusional relationship she set up with me), she had created two situations. On the one hand, a compact and massively condensed universe with the aim and the hope that I would be unable to penetrate it, to see anything, understand anything, and, on the other, through splitting off that ‘everything’ from ‘nothingness’, there was an enormous space in which, she hoped, all I would find was nothing or at the very least I would not be able to find *her*. That was what she was making me experience. Therefore the ‘all or nothing’ aspect was a manifestation of a complex organization, set up thanks to the particular work carried out by the patient's ego—amalgamating everything into one compact substance and splitting off space, which thereupon became nothingness, emptiness.

I said to her that I wondered why she needed to create that impenetrable intermixture or nothingness: was it so that I would be unable to reach her? Was it because she experienced me as so persecutory that she needed to protect herself in that way? It was only much later that I would understand that issue, when the magma of meanings began to open up; it was at that point that I began to see things more clearly.

I also pointed out to her the sheer amount of energy that she was putting into that task, saying that her feeling of emptiness or nothingness was the result of the actual work she was doing. When I made that kind of interpretation to the patient, she would look absolutely astonished.

If I may digress for a moment. Much later on in the analysis, when she would talk more, she said to me that when I told her how her emptiness was in fact the outcome of the work she was doing, that had been a great encouragement for her, even though she had said nothing about it at the time; until then she had thought that she was really deficient in certain areas. In school, they called her retarded and she kept on having to repeat her study year. When she was a little girl, she had spent years in therapy with various psychotherapists; they had said that she had a weak ego and that it would have to be strengthened. She had had private tuition and speech therapy for quite some time. According to the patient, none of that had been of any use—whereupon her mother had said to her that everybody could see that she was just an idiot. She told me that I was the first person in her life who expressed a different view—I hadn't tried to fill up any gaps; I'd shown her that her feeling of emptiness was the outcome of the work she was doing inside herself and that in order to do this she was using her intelligence, her imagination and her energy. That was when she began to be aware of the fact that perhaps she did have some resources inside herself which nobody suspected she had and that perhaps she was not retarded after all.

Let us return to the analysis. As I have said, I did not know at that point the thoughts that were going through the patient's mind (the ones that I have just described). I would learn of these only much later, when she began talking more. Let us return to the phase in her analysis when she would say only two sentences—either “You're everything and I'm nothing” or the contrary.

### **Extricating herself from fusion**

After six months of analysis, the patient at last managed to say something else: “Yesterday, I ate some mouldy food and last night I vomited it up.”

That sentence really meant something to me. I was beginning to feel depressed, with the idea that perhaps this analysis was an impossible task. In spite of the small changes of behaviour that followed on from my interpretations, I had the feeling that I was of little service to her. When she told me about the mouldy food, I related that to my depression; I then realized that I was turning into a vegetable that had been kept for too long without being used, losing all energy, its leaves falling; it had started to droop and to rot.

I interpreted to her that she had experienced the food I was giving her (i.e. my interpretations) as mouldy; the reason for this was the fact that she had made me go mouldy all through those static months during which she had paralysed me—refusing to make use of my ‘fresh’ interpretations, she just let them go mouldy in the ongoing state of fusion. Then, of course, she was afraid that my mouldy food might attack her inside, so she

had to vomit it all up. I went on to suggest that we could now understand why she could not keep hold of a good internalized object: since the object turned into a persecutory one, she emptied herself and thus became empty (no memories, etc.). I did not use the actual word 'object' with the patient; I spoke in terms that she could easily understand.

That was the beginning of de-fusion, of un-merging: it was no longer all of me that was being swallowed up, it was the food I was offering her.

The following day, she reported a dream for the first time: *She was a queen on her throne: everybody else was her slave, sitting at her feet.*

I said to her that in becoming un-emerged yesterday—i.e. by creating some distance between us—she could then 'see' people outside of herself, just as she could see them in her dream. Before that, when she took other people inside her or when she put herself inside another person, she could not see them any more, and the relationship turned into a confused mixture. I added that her dream showed what she had been making me experience in one part of herself over the past few months: she was the all-powerful queen who could make or break the world at her whim and transform other people into slaves by controlling them. The other person had no say in the matter; she was the one who decided who would be 'everything' and who would be 'nothing'.

Also, the dream illustrated what she did with her internal world: if she did not vomit it up (like mouldy food), she had to control it completely (the slaves). That control was related also to movement: her dream was represented as a single image in which nothing moved (that made me think of when she would sit for hours in her room without moving, just staring at the wall). In the session, I said to her that if she needed to control other people so much perhaps it was because she felt that coming out of a fusional relationship would be a dangerous experience for her—for reasons which we did not yet fully understand. (I realized at that point that fusion itself implies an enormous degree of control.)

Since she was just beginning to emerge from fusion and have access to representations (dreaming), I did not want to ask her to associate to her dream in case that would be rushing things too much. I felt that I had to go step by step, and gently. The patient was still too close to being the queen, with me as the slave—and a queen does not associate freely with her slaves! In addition, since, in breaking free of the fusional situation, she was beginning to reveal something of herself (her internal images), I was afraid that she might think that I was being too greedy. At that point, she might well have shut everything down (after all, like Oscar in the song, she was terrified of being seen and found).

In the days that followed, she had other dreams that I will not discuss here. Six days after the 'queen' dream, she reported another dream which I find quite extraordinary—so I will discuss it. In it the patient dreamt that *she went to the toilet; what came out of her was a shapeless lump which was grey-brown-blackish in colour and which she looked at in amazement.* I said to her she was giving birth to her amalgam mixture. She then reported another dream: *she unfolded this shapeless lump and, unrolling it as if it were a roll of toilet paper, she discovered pictures of different landscapes, some of which were*

*beautiful, others terrifying, all in various colours.* “It's the very first time I've dreamt in colour!” she added.

I said to her that the shapeless lump that came out of her represented everything that she merged together inside herself into a kind of impenetrable magma—like the merging kind of contact she had with me, in which everything was mixed up, with no differentiation, no nuances (the grey-brown-black mixture). Now she was showing me, through her dream, that she wanted to open up that lump and see what it was made of. I added that it was as if the magma had become de-condensed; the representations (the different landscapes, her internal images) meant that colours were being laid out as in a spectrum, whereas beforehand all the colours were amalgamated, hence the grey-brown-blackish mixture. Being able to unfold that lump and unroll it as if it were a roll of toilet paper enabled her to see her phantasy world, full of different colours, feelings and emotions, some of which were beautiful, others terrifying.

For me, that dream was a turning-point: the way was henceforth open for all kinds of un-merging. I felt too that it was the beginning of a major shift in our relationship.

In the days that followed, she began to feel for the very first time that the food she ate had different tastes. (The gustatory amalgam was also opening up.)

From that point on, the analysis changed quite significantly.

### **The patient, emerging from her fusional state, began to live in a way that was often non-integrated and highly confused**

She changed completely. Having partly extricated herself from her state of fusion, she realized one day that I had a child patient just before her own session. She was very angry with me when she became aware of that.

Then she began to go outdoors more—she no longer spent hours in her room just staring at the wall. She began to discover her body and took up sporting activities. She went to the beach. Her sister said to her: “I feel this is the first time you can actually see me.” She got in touch with various people.

The patient was beginning gradually to discover all kinds of aspects of life, with tremendous happiness, of course, but also a great deal of anxiety. She began to report many dreams. Since she was—at least partly—no longer in a state of fusion, her anxiety over being ‘seen’ and ‘found’ was such that she would, at the drop of a hat, pull back into that state of fusion, or else disintegrate or create complete confusion.

I shall now give some brief examples of these mechanisms; they are a good illustration of what the patient did in a highly condensed way when she was in a state of fusion.

*Swallowing.* She dreamt of *a giant spider that was swallowing me and other people.* She was therefore projecting into the spider her wish to swallow me; that corresponded to the phantasy she had at the beginning of the analysis, when she would say to me: “I am everything, you are nothing.”

A variant of that: she would let me stay alive but would empty me of everything or empty my interpretations of their content. One example of such a dream: *I am with a teacher then suddenly that teacher is no longer there. A cat is where the teacher was; it clings to me, then falls down and empties itself of everything that it had inside it.* The patient changed the teacher into a cat, just as she would change me in various ways. In the limited space that I have at my disposal, I shall not go into any detail about how I interpreted that dream (e.g. about the teacher being changed into a cat). I shall focus simply on one aspect that has to do with ‘emptiness’. I told the patient that she was emptying the cat, just as she would empty all content out of my interpretations; often, on leaving a session after being quite talkative, she would say to me in a triumphant tone of voice: “All your interpretations are false, because everything that I told you was a lie.” She was then afraid that I might seek revenge for what she had done to me and begin persecuting her, both in the external world and inside her self. I added that that may be why she emptied herself so frequently (I reminded her at that point that she often spoke about vomiting and would say to me that she always forgot everything). I said to her that if memories were experienced as objects that could persecute her, she felt that she had to eliminate them from her memory, which then became empty and destroyed—that may be why she had no memory of her childhood. I added that, in her anxiety about being empty, she swallowed other people to fill herself up (the spider dream); in her clothes that were too big for her and floated around her body, she often gave me the impression that she was filled with all those swallowed identities (being ‘all’ the other people) and at the same time—how paradoxical—an empty shell (being ‘nothing’).

In other situations, she would allow someone else to exist as well as her own self—but the third-party figure was eliminated. She told me on one occasion: “Yesterday, I went out on my bike. When I’m on my bike, I forget about everything else; that makes me very anxious—I don’t know where I live any more, who I know, I don’t remember anything about the analysis, about my friends, my work, all I can focus on is being on my bike. So, when I forget everything else, I suddenly feel lost, it’s as though I were all alone in space.” That kind of phenomenon occurred several times, in all kinds of situation, with people, with ideas. When she had one idea in her head, all other ideas stopped existing. On a more developed level, it was interesting to see that similar mechanisms of taking possession and excluding could be operating, but that two elements could co-exist—in such a case, it was the third-party figure who was excluded. Knowing that that third-party existed evoked conflicts and anxieties in the patient (I analysed them in various ways).

Another mechanism: *projective identification*. From time to time the patient would become split-off and project her self to a more or less considerable extent into some other person. Occasionally, indeed, she would believe that she had become that other person; at that point, she was distressed at the idea that no one would know of her existence. She often believed that she was her sister, her mother, or her father. For example, when she played tennis, since any kind of contact made her anxious, she

would ask her sister to speak to the others instead of addressing them herself—then she would forget that she herself had hidden away inside the other person and, in her sessions, she would complain that her sister was taking up all the space, that nobody talked to her, nobody saw that she existed (from time to time, in fact, she would feel that she was invisible). In a more differentiated way, this was very similar to what she used to say to me: “You are everything, I am nothing.”

At other times, she would project only parts of her self into the other person. For example, she dreamt that *she went with her mother to the doctor's; she had to wait, because he had other patients to see. She became all worked up and, through the door which was ajar, she threw at the doctor her mother's bag, which was full of heavy things.* In the following dream, *she had parked her car. When she came back later, she could not find it. She spent a long time looking for it and in the end managed to find it—but noticed that the car-park attendant had become mentally deficient.* I pointed out to her that, by throwing her mother's bag, she made Dr X believe that it was her mother who had attacked him; but in the second dream, she expressed her anxiety about making him mentally deficient (the doctor in the first dream became the car-park attendant in the second)—and about making me mentally deficient in the analysis, because I too had other patients. She never attacked her analysis directly, but would project her aggressiveness into other people and then tell me how *they* criticized the analysis, never her! At the same time, she made me feel stupid and unable to understand anything (as though I had become mentally deficient). Her fear of not being able to find her car perhaps had something to do with her fear of not finding her place in the analysis after seeing what she felt she had done to me and expecting me to seek revenge. She therefore did a lot of things when she was hidden inside other people, making it seem as though it was the other person who was doing them. That was her ‘lie’. At the beginning of the analysis, she did this to a considerable extent, but as time went on it became more partial in nature and was expressed more clearly in her dreams. In the sessions, all this was analysed very gradually, step by step.

Other mechanisms during that phase intrigued me. I shall, therefore, try to describe the atmosphere of these sessions. To put it briefly, over a period of approximately two and a half years, the patient would sometimes speak quite clearly (as I have just described), but at other times would remain silent or else talk in such a quiet voice that I could hardly make anything out. Her sentences would be all muddled up, some words would be mispronounced, others would be missing from the sentence or replaced by some other words that just made the meaning all the more confusing. I found it extremely difficult to understand what she was saying and to analyse all the confusion.

In addition to language, she would transform just about everything else too—people, things, people's height, age, gender, feelings—everything would be turned into its opposite. Afterwards, she would no longer recall that she had transformed everything so that she would think that the person concerned was really like the modified description she had made of him or her. She would transform herself in many different ways too.

In spite of the fact that her material was rich in content, the overall climate of confusion sometimes made it difficult for me to analyse it. Gradually I felt that I was becoming unable to understand anything at all. Again I began to think that this analysis was an impossible task.

It was only several months later that I began to see things more clearly, once I had a better understanding of my countertransference. I was feeling paralysed in the sessions, and I suddenly realized—to my dismay—that I was no longer listening to what the patient was saying; instead, I was thinking about what a friend of mine had told me about the tactics employed during wartime to defend oneself against the enemy. I then suddenly realized that that must have something to do with what was going on with the patient. When I thought about it, she was using all those wartime tactics to defend herself against an enemy—in other words, against what I represented for her in the analysis.

For example, creating a fog or setting up a smoke-screen in order to flee or hide from the enemy for a while: that was what she did with me when she overwhelmed me with confused words that befogged my brain so that I had no idea where I was going. In that way, she could stay triumphantly in hiding. She would often say: “Got you there! Everything I told you was a lie.” She would also turn herself into a fog, with her greyish-white, fogcoloured clothes, shapeless and floating, in which she would disappear from sight.

Another tactic: change all the road signs, mix them up, point them the other way—so that the enemy would not know where to go. That was what she did with me—lying to me and transforming everything as though to send me off on the wrong track—or again, she would make me think she was lying to me, so that at times I would have no idea what was going on.

Another tactic: one day she came in and lay down on the couch as usual. I looked over towards her—and couldn't see her any more! I was terrified—I wondered if I was going mad! After a few seconds, I realized that the clothes she was wearing were the same colour as the wall and the cover on the couch (two very precise shades of green). What tremendous work she must have put in so as to give an impression of non-existence and disappear from my sight through the kind of mimicry with which animals (or soldiers) camouflage themselves.

Yet another tactic: the scorched earth policy—the enemy finds nothing, as when people burn down their village, hide away their foodstuffs and their livestock, and go off into hiding: there is nothing left for the enemy to find. The patient often did that with me, destroying or hiding away her own resources—her ideas, childhood memories, etc. In addition, she projected part of her self somewhere else in order to protect it from the enemy. I felt that I was faced with her silence, with the emptiness she created during her sessions, so that I would not be able to find her anywhere.

I shall not go into any detail about that phase of the analysis, except for the following comments. We can see that, for the patient, moving out of merging, of massive condensation (‘all or nothing’), imagining being seen and found and expressing herself more clearly were all experienced as a

constant danger: the other person was often felt to be a persecutor. To put it briefly, in order to escape, she made use of two specific modes of defence.

The first was structured around a centripetal force; it consisted in becoming fused with the object or merging all sorts of elements within her self (phantasies, desires, etc.), thereby creating a compact mass into which no persecutor could ever penetrate, as I have described. By that point in the analysis, the merging was much less intense than at the beginning; it was sometimes expressed through dreams and phantasies. As a result, I was able to understand more clearly the various meanings that these mixtures conveyed through their massive condensation.

The second group of defences was structured around a centrifugal force and consisted in splitting off parts of her ego and projecting them into space or into other people, in disappearing and hiding away, in being everywhere and nowhere at the same time, in emptying herself, in breaking any links or paths leading to contact with someone. (That centrifugal force therefore also contained many condensed meanings.) In the patient's phantasy, attacking lines of communication was one way of preserving her ego—we could therefore say that these attacks had to do with the life drive. In my view, attacks on linking are not always related to the predominance of destructive impulses, as **Bion (1959)** seemed to think.

What comes into my mind when I think about attacks on linking is something a colleague once told me. She had gone to live in the heart of Africa, in Rwanda (this was more than 20 years ago, before the civil war there); when she reached Kigali, she tried to find a map of the town. She could not find one, and it was explained to her that no map of the town existed—on government instructions. The authorities did not want people to find out where they lived in case they might be attacked. The fact that lines of communication are not known may thus be experienced as a protection against the fear of being attacked (and, in the song, of course, we hear “Oscar lives in 0 Street, at Number 0. If you can't find him, just let it go”.)

In order to make this presentation a little clearer, I have described these mechanisms separately; in reality, of course, they were all mixed together. That entanglement sometimes made it difficult to understand what the patient was saying. Later, of course, once the material became much more differentiated and represented by means of dreams and phantasies, all kinds of meanings that were condensed together became much clearer to distinguish and to understand, in both the ‘everything’ and the ‘nothing’ aspects (her phantasy creation of ‘nothingness’ and ‘emptiness’ was therefore also the result of a massive condensation).

### **Some comments on the work of the ego**

All the mechanisms that I have briefly described were linked to centripetal or centrifugal forces. They were therefore often used to help the patient escape from one or more persecutory imagoes and thereby, in her phantasy, to protect her ego. For example, when she became her sister, this was not simply out of envy; by hiding away inside her sister, she felt that she could escape any persecutors. All sorts of things could be done to her; she

*appeared* to be there but in fact she was not there, she was inside her sister or she was her sister. What can an empty container feel?

A great deal of imagination was required for her ego to work out all these strategies—and we might have thought that her ego was weak!

That leads me to a question that I have been thinking about for some time now: ‘How can a disintegrated ego (disintegrated through splitting, projection, etc.) be so active, work so hard and be able to set up such a structure of defences?’ In my experience with psychotic patients, I have observed that these two aspects always go together: their ego is disintegrated but at the same time it is very active and creative.

In his early writings, Freud argued that psychosis is a return to a stage in the development of the libido that precedes object-choice, in other words to one in which auto-erotism and narcissism predominate; hence the fact that no transference can be established. Later, in his 1924 paper on *Neurosis and psychosis*, for example, Freud (1924a) argued that both these conditions have their origin in the conflicts that occur between the ego and the other agencies that dominate it. Neurosis is one way of managing these conflicts, psychosis another. In both, however, the ego endeavours to reconcile opposing demands.

Thus, in his later work, Freud said that in psychosis the ego is hard at work. The internal and external worlds lose their significance, and the ego creates a new reality, one with which it is not in conflict; this new world is constructed in accordance with the id's wishful impulses—reality had in some way very seriously frustrated a wish. Through the creation of this neoreality, the patient compensates for the loss of reality and closes the gap.

In psychosis, the work of the ego does not stop there. In *The loss of reality in neurosis and psychosis*, which also was written in 1924. **Freud (1924b)** wrote that in psychosis the rejected piece of reality constantly forces itself upon the mind, just as the repressed instinct does in neurosis. In that sense, then, Freud saw an analogy between neurosis and psychosis. I would argue that it is therefore extremely important to take into account the fact that, for Freud himself, in psychotic states the ego is always at work, attempting to deal with a conflict situation.

Kleinian psychoanalysts have shed considerable light on these phenomena thanks to their understanding of what Freud called de-cathexis of reality. To put it briefly, when different defence mechanisms are unable to control the anxiety that overwhelms the ego, the ego splits up, sometimes indeed into tiny fragments, in order to avoid having to feel that anxiety. Given the impact of the death drive, a defensive disintegration takes over from integration. That way of avoiding pain, however, then creates another kind of anxiety: that of being broken up, of no longer existing, of falling to pieces. In that fragmentation of the ego, it is the perceptual apparatus that is first attacked, destroyed and eliminated, in order to avoid having to perceive the hated reality. Fragmentation of the ego goes hand-in-hand with pathological projective identification; projecting such fragments into the object often has as its aim the destruction of that hated object. These mechanisms have been clearly described by Rosenfeld, Segal, Bion, etc. In her 1974 paper on *Delusion and artistic creativity*, as well as in many other articles, **(Segal 1974)**

gives several clinical examples that help us understand the subtle and secret ways in which different aspects of the death drive are manifested when patients attack the inside of the object by projective identification.

I agree that this destructiveness is important but I do not share the Kleinian point of view according to which it dominates everything else. My own analytical experience with psychotic patients has taught me that destructiveness coexists with a great deal of creativeness, as we see in the work that the patient's ego accomplishes (and I have described in this paper the intense experience that I had with this patient).

How, then, are we to understand the fact that the patient's disintegrated ego can be so creative? Let us return to the patient's analysis.

### **The patient became more integrated: For the first time, she recalled some memories from her childhood**

After three years, thanks to the development of the analysis, the patient became more integrated and managed to extricate herself more and more from her confused state. (I shall not go into any details about that in this paper.) She decided to leave the institution that was providing her with board and lodging and rent a flat in town in order to fend for herself. At the same time, she found work that was better paid and decided that hence-forth she would pay for the analysis herself. She was able also recall a host of childhood memories. When she felt more integrated, I was very interested when I heard her say: "For the very first time in my life, I can feel the weight of my body."

The patient was thus more integrated, she had a container (symbolized by the flat she was renting); that container had weight—and not only physically but also mentally, in other words the weight of everything that her internal world contained (her memories, etc.). She became able to get in touch with that internal world; the links to it were no longer transformed or cut off. The attacks on linking within her self were similar to those that occurred in her relationship with me.

I shall mention three memories that are crucial for understanding this patient's pathology.

#### **First memory**

One day the patient told me that everyone in her family admired her grandmother who had a gift for parapsychology. "With her soul," the patient said, "my grandmother could leave her body and meet up with other people without actually moving physically; she could therefore know about and participate in what other people were doing." I interpreted to her that she had identified her mind with the all-powerful floating soul of her grandmother, and that could help us understand how she could experience being completely merged—entering into me in order to participate in my life and deny any idea of separateness. One day she dreamt that her body could pass through the walls of my house so that she could steal all kinds of things from me—without my knowing anything about it because she had not

come in through the door. I showed her how that dream expressed in a more advanced way, a phantasy that fusion carried with it: penetrate inside my body in order to dispossess me, without my realizing it.

### **Second memory**

She told me of her distress as a child when her mother would force her to go down on her knees and apologize whenever she expressed an idea that was different from her mother's. Her sister refused point-blank to apologize; she rebelled and was always being smacked by their mother. As a young girl, the patient was very much afraid of her mother and so always gave in to her (I interpreted to her that at the beginning of her analysis she had experienced me as being the mother who terrified her, so that in her fusional state when she said that she was nothing and I was everything, she was giving in to me). "Sometimes", she went on, "instead of apologizing, I would run off and hide somewhere in the house". (I again pointed out how that was expressed in her relationship with me, when she hid from me in her fusional state, her confusion, her non-integration, etc.) I showed her that in the analysis she too rebelled, like her sister had done, but in a different way: with her seesawing 'all or nothing', I had the impression that she had built up a protective cocoon, like a second skin. Creating that neo-reality was one way—pathological, of course—of saying 'No' to her mother: "No, you won't get at me, you won't make me feel pain, I can't feel a thing, I'm not here." At the same time, inside her cocoon, she could secretly think about and experience many different wishes. From time to time, by identifying with an all-powerful mother, she could take revenge on me—that was when she became 'everything' and I was just 'nothing'; in that way, I was made to experience how she had felt as a little girl. It was also, of course, her way of making me understand what she had gone through. In the course of that session, I very gradually showed her how her memories gave us a clearer understanding of what had taken place between the two of us.

She went on with her story. One day, both girls expressed an idea that was different from their mother's. Her sister quickly ran off, her mother did not manage to smack her, and the patient too hid somewhere. Their mother was furious, and, when she saw her two daughters later that day, she said she was going to commit suicide. On the calendar she put a cross on the day she intended to kill herself. The patient was terrified and swallowed the page on which the cross was marked so as not to see it any more, not to know about it, not to think of the horror it meant. That way of doing things showed us, I said, how, when faced with intense anxiety, she destroyed her perceptual apparatus, her memory, etc. She went on to say that, one day, the girls saw their mother go into the kitchen; in one hand, she held a big knife, in the other, a bible. The patient's sister then remembered that that was the day on which their mother was due to commit suicide. The mother locked the kitchen door behind her. The girls screamed, begged their mother not to kill herself but to open the door, then threatened to call the police. A few moments later, the mother opened the door and, with relief, the girls

saw that she had not hurt herself in any way. That scenario was repeated in exactly the same way on three other occasions.

### **Third memory**

She got back in touch also with her memories of her father. She said that he was very strict and liked only the company of adults because he could talk to them. He would always send the children off to their room because they were making too much noise. I said to her that she was perhaps thinking that her mother (and I) tried to stop her expressing her thoughts in case they might please her father. But this 'fusion/submission' was also a subtle trick. In the analysis, it became clear through her dreams that she experienced me, in the state of fusion, like her father on whom she forced herself; at the same time, she could persuade her mother that she was not with her father because she was hidden inside him in a state of fusion.

I then pointed out to the patient that I realized that, in addition to persecution, she felt a great deal of pleasure when I set out in search of her—like when children play hide and seek; in that way she could triumph over the object. She felt that she was becoming 'everything' when, thanks to her strategies, she could manipulate the object—whereas, in reality, she felt that she was 'nothing' as far as her father was concerned (all she did was to be noisy), and for her mother her thoughts had to be reduced to 'nothing'. In the pleasure she took in triumphing over the object, there was also a note of revenge: she was forcing the mother who prevented her from expressing what she was thinking to go looking for her—and she was taking revenge on her father for sending her off to her room. This reminds me of the pleasure that Oscar took (in the song) in playing with us—hoping that we would go looking for him without finding him (Number 0, 0 Street). I also felt that the patient took pleasure in her analysis; she was always on time and never missed a session.

In the analysis of psychotic patients, I have always noted the hidden pleasure they take in the emptiness that they create—forcing the other person to go looking for them—a pleasure that is mixed with feelings of revenge and persecution.

A host of other meanings were contained in the patient's fusional state and in her emptiness, as we discovered in the analysis. I shall not go into these here.

### **The final phase of the analysis**

The patient continued to make progress and began to use her aggressiveness in a way that was more adapted to reality. One day, she decided to have a talk with her mother; she asked her sister to go with her because she was afraid of how her mother might react. The discussion took place on a Sunday because the young women wanted their father to be present too. It was a very eventful and difficult day. The patient told me that she did confront her mother directly, saying that she was no longer prepared to put aside her own thoughts in favour of her mother's nor to apologize for not thinking the same as she did. Given her mother's unwillingness to listen, the patient

decided to break off all contact with her. She expressed her anger towards her father too, asking him why he had let her mother act like that, why he had not protected his daughters, never wanted to be disturbed, always reading his files. The patient's father was filled with dismay and replied that he had never realized that the situation was as she described; his idea was that responsibility for the household was shared between him and his wife: the children were her domain so that she was the one who had to resolve any problems by herself; his job was to deal with any problems that might arise with the company of which he was manager. The patient told me that, after they quarrelled violently for a short time, she felt moved by her father's attitude. "He felt that he had played a part in all this", she said. "He felt guilty, and took another look at how he had behaved." She continued to keep in touch with her father, sometimes by phone, at other times they would meet—but without her mother being present. Very moved herself, she added: "Now I'm beginning to talk with my father."

Some weeks later, her mother, sad at not seeing her daughter any more, phoned her to say that she would do what she could to accept the idea that her daughter might have opinions that were different from her own, because she felt really very sad at the idea that she would not see her again.

After that episode, the patient became aware of two things that brought about a sea-change in her life:

1. She realized that, for her, any expression of her own thinking was felt to be bad and aggressive. She had been afraid of her own thinking in case it might bring about some catastrophe or other (like anger or the wish to commit suicide in another person, or that it might turn her into just a noise). This helped us to understand even better her 'all or nothing' period at the beginning of the analysis—all her thinking was felt by her to be a harmful magma that had to be rejected (thus becoming 'nothing'). For the next few months we worked at opening up that final magma and differentiating her thoughts and her affects.

Gradually I came to realize that, when the patient took possession of herself, both her envy and the attacks she made diminished. When she became aware that she was projecting her image of her mother—who forbade her to have any thoughts of her own—onto every woman whom she met and when she discovered that other women were interested in what she was thinking, she felt very happy indeed; she realized that her 'stock of thoughts' did not lead to catastrophe but could be welcomed by other people as a way of enriching their own thinking. Similarly, she discovered that men too were interested in what she was thinking.

A stage like that was necessary for the patient in order to discover that, even when she was in possession of herself, she could still be envious or jealous of others and at that point become destructive; afterwards, she would feel sad and guilty and wanted to repair the object.

2. The fact that she had been able to say 'No' to her mother was very important for her. Knowing that she could confront other people and not be overwhelmed by them meant that she was less anxious in her contacts with them. However, putting a limit to what others could do meant that she became aware of her own limits (that of being simply herself, of time, of

strength, of money, etc.). Integrating the idea of limits was one way of integrating zero, i.e. nothingness and loss.

In the final two years of the analysis, the patient went through several stages which I cannot detail in this paper. I shall simply mention some major themes that required a significant degree of processing. When she began to read, she quickly became anxious because she felt invaded and overwhelmed by the author's thoughts. She then had to vomit up those thoughts in order to get back in touch with her own thinking. She was re-experiencing her anxiety about her mother's thoughts invading and overwhelming her own. We spent a long time in the analysis processing that issue. Another problematic issue that took some time to process was her feeling of being abandoned whenever she was in a love relationship; if her partner read a book or a newspaper, she felt that she no longer existed as a person for him, whereupon she would become possessive and aggressive. On several occasions, that led to the break-up of the relationship. We saw in the analysis how that situation evoked in her the rage she felt but had never expressed against her father absorbed in reading things to do with his work; she had felt despair at the idea that she amounted to 'nothing' in his eyes—not important enough for him to pay any attention to her. Here again we find the 'all or nothing' element. For her father, his work-related files were 'everything', and the patient felt that she was 'nothing'; similarly, her thinking had to be brought down to 'nothing' in her mother's presence because the latter's thoughts were 'all' that counted. The patient remembered that, when she was a little girl, to express her anxiety and anger, she would open the front door of their house and scream out her anger and despair—knowing all the while that nobody could hear her because the house was very far away from those of their neighbours. In the course of the final two years of the analysis, many issues to do with sexuality were raised.

As the analysis progressed, she gradually became able to take pleasure in reading and began to follow a course of study. Her parental imagos became more subtle in tone. She discovered that her parents had positive qualities too—for example, that her mother had taken good physical care of her two daughters, feeding them well, etc.

The mechanisms of transformation and creativity which, in the past, she had used in a pathological manner were now put to more appropriate use. She took pleasure in transforming her life and became very creative. She became interested in all sorts of things. Her social life expanded quite a bit. In the final months of her analysis, she felt more secure because she could own the different parts of herself; she was then able to widen her horizons, to travel and explore other cultures.

I found it very interesting to observe how her frustration linked to her awareness that she was only herself became a source of creativeness. Before-hand, when she split off parts of her ego and projected them into someone else or into space, she had the (pathological) feeling that she was travelling (I had the impression that she was 'everywhere and nowhere at the same time'); now, however, the frustration at being no more than herself awakened in her the wish to travel in actual reality in order to meet all kinds of people (both in her own country and abroad). She enjoyed talking to them,

she was interested in what they thought about certain things, how they lived, etc. In addition, the fact that she had to accept that she could not be inside other people and thus participate in their life was made easier for her because she took great satisfaction from discovering little by little that she had many potentialities within her own self.

The analysis drew to a close after five and a half years.

### **A letter from the patient**

Some years after the end of the analysis, I received a letter from the patient. She wrote that she had married someone from another country and was very happy with him. She went to live in his native land, learned the language and found a job that carried some responsibility. She had many interests, and friends whom she liked having over for a meal—she even took a course in Chinese cooking. Whenever there were problems with her husband, they managed to talk things through. They had two children; she added that she did not try to be an ideal mother but just to do her best.

In the final sentences of her letter, she said how grateful she felt towards me for her analysis.

### **Conclusion**

At the beginning of her analysis, the patient gave the impression of having gone back into a state of nothingness (at least as regards a considerable part of her self). She could not feel anything, had no emotions, no physical sensations; she had no memories, did not dream; she had no social relationships at all and was interested in nothing. She did no thinking but merely had to follow the instructions that she was given in her work. She spent hours sitting staring at the wall. She functioned in such a very weak, simplistic and automatic way that it looked as though the death drive had wreaked havoc. But what kind of destruction? And in what way? The analysis helped me to discover that this ‘nothingness’ was the result of a complex construction on the patient's part, and that destructiveness was only one component of that construction.

I began to become aware of that construction as I discovered the many meanings that fusion took on. The patient was not simply merged with the object, in the sense of projective or introjective identification (part of her self); it meant much more than that. She had managed to merge inside herself all sorts of wishes, defence mechanisms and phantasies, thereby creating a kind of opaque magma that had many meanings (in this paper, I have described more than 50 that I analysed with the patient, but we discovered many more). All these meanings were condensed and then expressed by means of the seesaw effect: being ‘everything’ or ‘nothing’. Who would have believed it? How did she bring about that amazing feat?

She managed it by suppressing all space between meanings. By taking space out (if I can put it that way) and projecting it, she created a separate world made up of ‘emptiness’, ‘nothingness’. Splitting and condensation

enabled her to create two quite different worlds: ‘everything’ and ‘nothing’. The ‘everything’ was an opaque, intensely-condensed magma (containing objects, phantasies, wishes, etc.) in which it was almost impossible to make out anything (this is what I described as the content of the centripetal force). That condensation evoked in me the way you crush a car into as small a volume as possible before getting rid of it—in the resultant small cube you can no longer make out the different parts of the engine or of the bodywork. As for ‘nothingness’/‘emptiness’, the patient had managed to create another complex world, full of highly-condensed meanings (corresponding to the defences grouped together by the centrifugal force that I spoke of earlier).

Freud described condensation mainly with respect to dream analysis. Laplanche and Pontalis point out, in their *Language of Psychoanalysis* (1962 -67[1971]), that it is in that field that condensation has been most clearly shown to be at work. Quinodoz (2004[2005]) summarizes Freud's thinking thus: by condensation:

every element of the dream is *overdetermined*. It is the mechanism of compression which makes it difficult to understand the manifest content [...]. Condensation is one of the fundamental mechanisms of dream-work, and we find it also in symptom formation, slips of the tongue and jokes.

(p. 40)

The phrase that the patient kept on repeating at the beginning of her analysis—being ‘everything’ or ‘nothing’—was how she expressed a universe which was so condensed that it was very difficult to understand. For a considerable time, the main work of the analysis consisted in de-condensing that thick magma in order to try gradually to understand the meanings that were amalgamated within it. Why did she need to have recourse to such extreme condensation? I discovered in the analysis that that was her way of creating a world that was completely shut in on itself, one into which no other person—experienced as a persecutor—could penetrate. In that way, she hoped that nobody would ever be able to see anything or know anything of that dense magma; in a similar vein, she herself could not be discovered, given that she was in ‘emptiness’, ‘nothingness’. In addition, condensation enabled the patient to experience secretly a whole series of phantasies and desires: she could make her mother believe that she had no thoughts of her own and her father believe that she was not there. Through condensation, therefore, she hoped to preserve a private sphere in which she would not be completely overwhelmed by her mother's thoughts, given that her mother did not agree to her daughter having thoughts different from her own. It was a way of saying ‘No’ to her (whereas, in reality, she always seemed to acquiesce in what her mother said): “No’ you will not come into my world, into my thinking, and I'm closing all the doors thanks to massive condensation; or else you will enter into ‘emptiness’, ‘nothingness’” (which also had a massive amount of condensed meanings). That was what she repeatedly made me experience in the transference at the beginning of the analysis. Later, the ‘No’ that she was able in reality to say to her mother replaced the pathological ‘No’ set up by the intense condensation. What a paradox all

the same! The patient had hoped that the complex structure set up by her ego, creating this kind of para-organization of space, would protect her and enable her to live hidden away—but in fact it paralysed her in everything she did. She had become one of those tightly-compressed cars that no longer work.

In *The Interpretation of Dreams*, **Freud (1900a)** wrote that, when condensation is in operation:

Dreams are brief, meagre and laconic in comparison with the range and wealth of the dream-thoughts. [...] As a rule one underestimates the amount of compression that has taken place [...]. Strictly speaking, then, it is impossible to determine the amount of condensation.

(p. 279)

I came to realize in this treatment, as has been the case with other psychotic patients in therapy, just how important condensation may be; sometimes it can take on quite alarming proportions. I have attempted to demonstrate that in this paper, through various aspects of the analysis that I have described.

Before I conclude, I would like to make one further comment. Condensation may lead the therapist astray. For example, the patient's famous saying about being 'everything' or 'nothing', could have led me to believe that there was nothing to analyse. However, as I gradually came to understand in the course of the analysis that this 'everything or nothing' was the product of a significant amount of work on the part of her ego, I was able not to fall into the trap of believing that there was a *real* emptiness or that some aspects were *actually* missing; the danger would have been to think, for example, that her ego had to be strengthened—whereas, in fact, her ego was already powerful and highly active, although in a particular manner. Believing that something was actually deficient would have entailed going along with the patient's defence mechanisms.

I would like to remind the reader of the issues that I have already mentioned concerning the paradox: how could the patient's ego, which was to some extent disintegrated (mainly because of all the splitting and projection of parts of it, as well some other parts having been subjected to destruction from time to time), succeed in carrying out, with a great deal of imagination and intelligence, such important work as that entailed in setting up so highly complex a structure?

There are many other paradoxes in this analysis but I shall leave them aside because it would take up too much space to go into them in any detail.

In conclusion, I would say that when I think today of certain psychotic states and of our attempts to understand them, what comes to mind is something I heard recently in a lecture given by an astrophysicist. He said that, in future, physics would be the science of nothingness. He took the example of an electric light bulb which people think is full of nothing but which in fact is a sheer cauldron of activity (just as the apparent emptiness of the patient masked a cauldron of meanings linked to a multiplicity of phantasies). The astrophysicist spoke also of 'black holes' in outer

space initially, astrophysicists thought that they were just holes, then they discovered that they are made up of highly condensed matter. As we know, black holes suck in with tremendous force any object that comes close to them—so that it too becomes part of their condensed matter. The well-known astrophysicist, Hubert **Reeves (1991)**, wrote in his book *Hour of Our Delight* and explained in several of his lectures that one of the major lines of inquiry of contemporary astrophysicists concerns the possibility of making use of the energy condensed in these black holes.

The ‘black hole’ could well be a metaphor for this ‘everything or nothing’ psychosis: the hole is the empty part, the ‘nothingness’, while the black component is the ‘everything’, the massive condensation that contains enormous potential energy which, by dint of its being so condensed, could almost make us believe that it is a hole, that some tremendous destruction has taken place, and that the whole situation is impossible to analyse.

### **Translations of summary**

**Die Analyse der Erzeugung von “Leere”, “Nichts”, bei bestimmten Formen der Psychose.** Manchen psychotischen Patienten gelingt es, Leere und Nichts durch den Grad ihrer Ich-Aktivität zu erzeugen. Bei schizophrenen Patienten beobachten wir folgendes Paradoxon: Ihr Ich ist schwach und stark zugleich. Wenn wir analysieren, wie dieses Nichts/die Leere hervorgerufen wird, betreten wir eine fremde Welt; das Ich des Patienten ist partiell defekt und fragmentiert, sein Denkapparat, seine Fähigkeit, wahrzunehmen und Gefühle zu empfinden, sind Angriffen ausgesetzt. Gleichwohl kann sich dieses Ich auf eine intellektuelle Fähigkeit, auf Imaginationskraft und auf eine ungeheure Energie stützen, um eine hochkomplexe Struktur zu erzeugen, dank deren es dem psychotischen Individuum gelingt, eine Art Para-Organisation des Raumes zu erzeugen, indem es zwischen “Nichts” (dem Raum zwischen Repräsentationen) und “Dichte” (eine kompakte Masse, die aus zahlreichen unterschiedlichen, extrem verdichteten Repräsentationen besteht) spaltet. Sowohl das Nichts als auch die Dichte können den Eindruck vermitteln, dass der Patient “nirgends zu finden” ist und deshalb nicht analysiert werden kann. Der vorliegende Beitrag beschreibt, wie diese Mechanismen im klinischen Material einer psychotischen Patientin in Erscheinung traten.

**El análisis de la creación del ‘vacío’, de la ‘nada’, en ciertas formas de la psicosis.** En algunos pacientes psicóticos, la creación del vacío se produce gracias a un importante trabajo de su Yo. La paradoja de la esquizofrenia es que el Yo es débil y, a la vez, muy fuerte. Si analizamos esta creación del vacío, penetramos en un mundo extraño en el cual el Yo del paciente es, en parte, deficiente y fragmentado. El aparato para pensar, para percibir, para sentir es atacado pero, a la vez, este Yo crea con enorme inteligencia, imaginación y energía una estructura de gran complejidad. Mediante ella el psicótico logra construir una suerte de ‘para-organización’ del espacio, dividiendo el ‘vacío’ (el espacio entre representaciones) del ‘macizo’ (la masa compacta compuesta de todo tipo de representaciones hipercondensadas). Tanto el vacío como el macizo pueden producir la ilusión de que el paciente es ‘inhallable’ y, por lo tanto, imposible de analizar. En este trabajo se describen estos mecanismos a través de viñetas clínicas del análisis de una paciente psicótica.

**L'analyse de la création du ‘vide’, du ‘rien’, dans certaines formes de psychoses.** Chez certains patients psychotiques, la création du vide se réalise grâce à un important travail de leur moi. Paradoxe du schizophrène: le moi est faible et en même temps très fort. En analysant cette création du vide, nous pénétrons dans un monde étrange dans lequel le moi du patient est en partie déficient, morcelé; l'appareil à penser, à percevoir, à sentir est attaqué, mais en même temps, ce moi crée avec une intelligence, une imagination, une énergie énorme, une structure d'une grande complexité. A travers elle, le psychotique a réussi à créer une sorte de ‘para-organisation’ de l'espace en clivant le ‘vide’ (l'espace entre les représentations) et le ‘massif’ (la masse compacte étant composée de toutes sortes de représentations hypercondensées). Ce vide alors, ainsi que l'aspect massif, peut donner l'illusion que le patient est ‘introuvable’, donc inanalysable. Dans mon article, je vais décrire ces mécanismes à travers des vignettes cliniques de l'analyse d'une patiente psychotique.

**L'analisi della creazione del 'vuoto', del 'nulla', in certe forme di psicosi.** Alcuni pazienti psicotici riescono a creare il nulla. il vuoto mediante un notevole lavoro dell'lo. È questo il paradosso che

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riscontriamo in pazienti schizofrenici: il loro lo è al tempo stesso fragile e potente. Quando si analizza il modo in cui questo nulla/vuoto viene creato, si entra in uno strano mondo in cui l'lo del paziente è in parte deficitario e frammentato e in cui allo stesso tempo vengono minate la struttura del pensiero e la facoltà di percepire e di sentire. Eppure questo stesso lo può servirsi di capacità intellettuali, immaginazione e un grande livello di energia per creare una struttura altamente complessa, che consente all'individuo psicotico di creare una sorta di para-organizzazione dello spazio, scindendo il 'nulla' (lo spazio fra le rappresentazioni) dalla 'densità' (un magma compatto costituito da numerose rappresentazioni altamente condensate). Sia il nulla sia la densità possono dare l'impressione di avere davanti a sé un paziente 'inafferrabile' al rapporto e quindi 'impossibile da analizzare'. In questo lavoro, descrivo questi meccanismi attraverso il materiale del caso clinico di una paziente psicotica.

### References

- Bion WR (1959). Attacks on linking. *Int. J. Psycho-Anal.* 40:308-15. [→]
- Freud S (1900a). Condensation. In: The interpretation of dreams. *Standard Edition* 4-5. [→]
- Freud S (1914c). On narcissism: A introduction. *Standard Edition* 14. [→]
- Freud S (1924b). Neurosis and psychosis. *Standard Edition* 19. [→]
- Freud S (1924e). The loss of reality in neurosis and psychosis. *Standard Edition* 19, 181-7. [→]
- Freud S (1940a[1938]). An outline of psychoanalysis. *Standard Edition* 23, 139-207. [→]
- Laplanche et Pontalis 1967[1971]. Condensation. In: *The language of Psychoanalysis*. London: Karnac.
- Quinodoz J-M (2004[2005]). *Reading Freud*. London: Routledge.
- Reeves H (1991). *Hour of our delight: Cosmic evolution, order, and complexity*. New York: WH Freeman.
- Segal H (1974). Delusion and artistic creativity. In: *The work of Hannah Segal*, 207-16. New York: Jason Aronson.
- Virtanen L (1970). *Antti pantti pakana. Kouluikäisten nykyperinne. [Collection of Finnish folk-songs for children.]* Helsinki: WSOY.

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